

Atty Docket No. 015389-002950US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Myers, Carla J.

Group Art Unit 1634

**OFFICIAL COMMUNICATION**  
**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER Myers, Carla J.**

**CERTIFICATION OF FACSIMILE TRANSMISSION**


I hereby certify that the following documents in re Application of Thomas R. Cech et al., Application No. 08/974,584, filed November 19, 1997 for FUNCTIONAL HOMOLOGS OF HUMAN TELOMERASE REVERSE TRANSCRIPTASE CONTAINING THE T MOTIF are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal (1 p.);
2. Fee Transmittal (1 p., submitted in duplicate);
3. Amendment Under 37 CFR 1.116 (6 pp.);
4. Terminal Disclaimers (2) (4 pp.);
5. Notice of Appeal (1 p., submitted in duplicate).

Number of pages being transmitted, including this page: 16

Dated: March 13, 2007

  
Yvonne Mock

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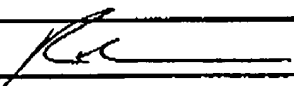
TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, CA 94111-3834  
Telephone: 650-326-2400  
Fax: 650-326-2422  
0295

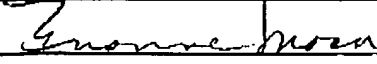
PTO/SB/21 (07-06)

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	08/974,564	
	Filing Date	November 19, 1997	
	First Named Inventor	Cech, Thomas R.	
	Art Unit	1634	
	Examiner Name	Myers, Carla J.	
Total Number of Pages In This Submission	15	Attorney Docket Number	015389-002950US

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 p., submitted in duplicate). <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment (6 pp.) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Notice of Appeal (1 p., submitted in duplicate).
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input checked="" type="checkbox"/> Terminal Disclaimers (4 pp.)	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Randolph T. Apple		
Date	March 13, 2007	Reg. No.	36,429

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300, on March 13, 2007.			
Signature			
Typed or printed name	Yvonne Mock	Date	March 13, 2007

61003003 v1

PTO/SB/17 (07-06)

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 260**Complete If Known**

Application Number	08/974,584
Filing Date	November 19, 1997
First Named Inventor	Cech, Thomas R.
Examiner Name	Myers, Carla J.
Art Unit	1634
Attorney Docket No.	015389-002950US

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**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	
<b>Total Claims</b>			
<b>Extra Claims</b>			
<b>Fee (\$)</b>			
<b>Fee Paid (\$)</b>			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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-3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

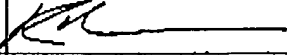
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal (Statutory) Disclaimers (2)

Fees Paid (\$)

260

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	36,429	Telephone	650-326-2400
Name (Print/Type)	Randolph T. Apple			Date	March 13, 2007

61003002 v1